



COLORADO

Department of Health Care
Policy & Financing

MINUTES OF THE MEDICAID PROVIDERS RATE REVIEW ADVISORY COMMITTEE

The Colorado Department of Health Care and Financing
303 East 17th Avenue, 7th Floor Conference Room

Friday, December 4, 2015, 9:00 AM – 12:00 PM

1. MPRRAC Members Present (in person or via phone)

Rebecca Craig, Gigi Darricades, Rob DeHerrera, Bruce Densley, Tim Dienst, Jennifer Dunn, Sue Flynn, Lisa Foster, Deborah Hart, David Lamb, Dixie Melton, Carol Morrow, Wilson Pace, Jeff Perkins, Tom Rose, Tia Saucedo, Art Schut, David Smart, Barbara Wilkins-Crowder, Murray Willis, and Jody Wright.

2. Meeting Minutes

Minutes of the September 2, 2015 and October 30, 2015 meetings were addressed with stipulation that future minutes have a consistent, standard format. The minutes of the September 2, 2015 and October 30, 2015 meetings were approved by the members.

3. Guest Speaker: Senator Pat Steadman

Senator Steadman shared the intent of the legislation that established the advisory committee. No standard process involving stakeholders was in place for provider rates review. There was also a concern that not all provider groups received similar consideration, as there was no venue or forum for them to be heard by Health Care Policy and Financing (HCPF) or legislators. Thus the need to create a system to ensure a process, schedule, and review of provider reimbursement rates.

The advisory committee is to examine what is the process for scheduling rates and which rates should become a priority to be addressed in order to prevent inequities or imbalances. The committee is to be a coordinated vehicle for transparency and allow for involvement of stakeholders. The Department is charged with preparing the five year schedule rate reviews and the advisory committee prioritizes the order of the rate reviews. Codes requiring an accelerated rate of review can be presented accordingly. Ongoing feedback about the process and ability to improve access that does not require rate change is welcomed, thus improving the process through which HCPF administers benefits.



4. Department Updates

The Joint Budget Committee (JBC) met on the proposed rate schedule and made no changes to it. During the conversation, the JBC also discussed the new access monitoring regulations.

Also since the last meeting, MPRRAC Chair and Vice Chair met with the Medicaid Director and HCPF's budget director to continue to understand the rate review process and work of the advisory committee.

One requirement of the legislation is that proposals for rate changes will be shared with the Committee. Moving forward a full copy of proposals for rate changes will be sent to advisory committee. The Department will also look into creating an external portal on HCPF website will provide proposals for rate changes.

To help outline the requirements of the new federal access rule, HCPF prepared a draft fact sheet "Assuring Access to Covered Medicaid Services Final Rule". Every Medicaid program has to develop an access monitoring review plan that includes analysis of: primary care services, physician specialist services, behavioral health services, pre- and post-natal obstetric services, home health, additional services pertaining to the state and additional types of services by the state.

5. Year One Service Overviews

A. Non-emergent Medical Transportation (NEMT) and Emergency Medical Transportation (EMT) services

An [overview of NEMT and EMT services](#) were presented along with utilization, expenditure and [current rates](#).

B. Home Health services

An [overview of HH services](#) were provided along with utilization, expenditures and [current rates](#).

C. Private Duty Nursing services

An [overview of PDN services](#) were provided along with utilization, expenditures and [current rates](#).

D. Laboratory and Pathology services

An [overview of laboratory and pathology services](#) were presented along with utilization, expenditures, and [current rates](#).



E. Physician-Administered Drug services

An [overview of physician administered drugs](#) were presented along with utilization, expenditures, and [current rates](#).

6. Public Comment

Jacob Hansmier advocated that long-acting injectable antipsychotics, currently a medical benefit, should be a pharmacy benefit and is not supportive of the current buy and bill policy.

Selena Owen concurred with Hansmier and stressed access to injectables for the homeless population is being threatened under the buy and bill policy.

Casey Owen concurred with Hansmier and Owen and suggested incentivizing doctors for performing injections.

Amanda Vessley, concurs with previous speakers and stressed that long acting injectables impacts patient care and doctors lose money on every shot and request that it be allowed as a pharmacy benefit instead of a medical benefit.

Steve McGreg commented that studies show that non-invasive prenatal testing reduces the need for invasive procedures. The current rate for these tests provide access issues as they cannot afford to run the tests. (Paper presented).

Greg Guttis remarked that long acting injectables should be a pharmacy benefit to relieve the burden of the physicians to having to deal with the buy and bill policy. Colorado is one of 5 states that have these as medical benefits, 45 states have moved them to pharmacy benefit.

Podiatry proposal was brought up for discussion.

7. Meeting Adjourned

